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FILING DATE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

IND,

AS FILED IND,

TOTAL

DEP.

AFTER AFTER
1st AMENDMENT 2nd AMENDMENT

IND. DEP.

DEP.

SERIAL NO. APPLICANT(S)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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